

**CENTERS FOR CHILDREN AND FAMILIES
POST ADOPTION PROGRAM
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (one for each child)**

I/WE, _____, hereby authorize **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM** to release their records and/or information concerning _____ to all service providers and **(CHILD'S NAME)** authorize **all service providers** to release their records concerning the aforementioned client to **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM.**

This informed consent for the Release of Confidential Information shall cover all necessary information in order to facilitate treatment and obtain services.

I/We understand that this consent shall remain in force from the date signed until Post Adoption Program services are formally terminated.

I/WE also understand that I/WE may revoke this consent at any time by completing the second part of this form entitled Revocation of Consent or notifying Centers for Children and Families Post Adoption Program in writing of your Revocation of Consent.

_____ Client or Legal Representative	<u> </u> Parent Relationship to Client	Date
_____ Client or Legal Representative	<u> </u> Parent Relationship to Client	Date

REVOCAION OF CONSENT		
On this day, _____ of 20__ I/WE hereby revoke this consent for the release of information.		
_____ Client or Legal Representative	<u> </u> Relationship to Client	Date
_____ Client or Legal Representative	<u> </u> Relationship to Client	Date